



STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
BURIAL SERVICES SECTION
500 JAMES ROBERTSON PARKWAY
NASHVILLE, TN 37243-1145
PHONE (615) 741-5062
<http://funeral.tn.gov>

CEMETERY COMPANY'S ANNUAL REPORT ON IMPROVEMENT CARE FUND

Note: This report must be completed and **received** no later than seventy-five (75) days after the close of each FISCAL YEAR of the cemetery company. Mail this report to Burial Services at the address above.

For the fiscal year beginning _____, 20 ____ and ending _____, 20 ____.

I. GENERAL INFORMATION

1. Name of Cemetery: _____
2. Location (City and County): _____
3. Cemetery's mailing address: _____

4. Name of Cemetery Manager: _____ Telephone: _____
- 5a. Total numbers of interments this fiscal year: _____
- 5b. Total number of preneed contracts this fiscal year: _____
- 5c. Number of acres embraced and held by the cemetery for cemetery purposes: _____
- 6a. Name of parent corporation: _____
- 6b. Date of incorporation: _____
7. If not incorporated, how organized? _____
8. Other Tennessee cemeteries owned or controlled by this company: _____

9. Name, address and official capacity of each officer and/or director of the corporation, proprietor, partner or trustee of the association: _____

10. Name and address of Trustee of Improvement Care Fund: _____

- 11a. Date of trust agreement or renewal: _____
- 11b. Is a copy on file with the state? ☐ Yes ☐ No

(OVER)

- ### III. MEMORANDA FOR RECONCILIATION

| DATE/AMOUNT | DATE/AMOUNT | DATE/AMOUNT | DATE/AMOUNT |
|-------------|-------------|-------------|-------------|
| | | | |
| | | | |
| | | | |

Notary's Signature: _____